

RGA Medical Plans: HDHP

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

	Base \$5,500 HDHP		Buy-Up \$3,500 HDHP	
NETWORK: BPO	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	EMBEDDED		AGGREGATE	
INDIVIDUAL	\$5,500	\$7,500	\$3,500	\$5,000
FAMILY	\$11,000	\$15,000	\$7,000	\$10,000
Calendar Year Out-of-Pocket Maximum (Embedded)				
INDIVIDUAL	\$7,500	\$14,000	\$5,500	\$10,000
FAMILY	\$15,000	\$28,000	\$11,000	\$20,000
	If any family member reaches \$7,500 of the in-network out-of-pocket maximum, then the OOP is satisfied for that individual family member.		If any family member reaches \$9,200 of the in-network out-of-pocket maximum, then the OOP is satisfied for that individual family member.	
Physician Services				
PRIMARY CARE	20% AD	40% AD	20% AD	40% AD
SPECIALIST VISIT	20% AD	40% AD	20% AD	40% AD
PREVENTIVE EXAM	Covered 100%	Not Covered	Covered 100%	Not Covered
Virtual Care (MDLIVE)				
URGENT VIRTUAL CARE	20% AD		20% AD	
Emergency Services				
URGENT CARE	20% AD	20% AD	20% AD	20% AD
EMERGENCY ROOM	20% AD		20% AD	
Hospital Services				
INPATIENT	20% AD	40% AD	20% AD	40% AD
OUTPATIENT	20% AD	40% AD	20% AD	40% AD
PHARMACY DRUGS				
	30-day Retail		90-day Mail Order	
PREFERRED GENERIC	\$10 copay AD		\$25 AD	
PREFERRED BRAND	\$35 copay AD		\$88 AD	
NON-PREFERRED	\$60 copay AD		\$150 AD	
SPECIALTY	\$100 copay AD		N/A	

*AD = After Deductible